

# Employee Leave Request Form

Fax or email to: 605-271-0220 or jessica.mcilravy@k12.sd.us

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## REASON FOR LEAVE

☐ Personal Leave

☐ Sick Leave

☐ Unpaid Leave of Absence

☐ Funeral Relationship: \_\_\_\_\_

☐ Civil Leave/Jury Duty

☐ Other: \_\_\_\_\_

## LEAVE REQUESTED

*\*Must be taken in at least 2 hour increments.*

Leave requested for the following date(s) and time(s):

(Day= 1, .75, .5, .25)

Date: \_\_\_\_\_ Time(s): \_\_\_\_\_ Total Time: \_\_\_\_\_ day

Date: \_\_\_\_\_ Time(s): \_\_\_\_\_ Total Time: \_\_\_\_\_ day

Date: \_\_\_\_\_ Time(s): \_\_\_\_\_ Total Time: \_\_\_\_\_ day

Date: \_\_\_\_\_ Time(s): \_\_\_\_\_ Total Time: \_\_\_\_\_ day

**Total Time Requested:** \_\_\_\_\_ day(s)

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

## DIRECTOR'S DETERMINATION

☐ Approved per policy

☐ Denied

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_